

# Tudor Grange Samworth Academy

## A Church of England School



23<sup>rd</sup> November 2017

Dear Parent/Carer

### Year 10 Forensic Science Workshop

We have been given a fantastic opportunity to take some of our Year 10 students to a 'Forensic Science Workshop' at the University of Leicester on **Friday 8<sup>th</sup> December**. I would like to invite your child to attend this event.

The day will give students an insight to the real work associated with forensic science and experience some of the techniques used in everyday criminal investigations. Students will work as part of a group to collect information from a mock crime scene and then process and analyse the information collected.

The students will travel to Leicester University via coach at **9:15 am** after morning registration and will **return to school by 3:15 pm**.

Students who are entitled to free school meals will be provided with a packed lunch. All other students should bring their own lunch, no fizzy drinks or glass bottles please.

We are asking for a contribution of £5 which will go towards the cost of the trip.

Please complete both of the attached forms and return to school by **Monday 4<sup>th</sup> December** to confirm your child's attendance at this event.

Please contact me at the academy if you would like any further information regarding this trip.

Yours sincerely,

**Miss M Roberts**  
Curriculum Leader for Science

✂

### Year 10 Forensic Science Workshop

Student Name: ..... Tutor Group: .....

YES, I give permission for my child to attend

NO, my child will not be attending

My child is entitled to a Free School Meal and will require a packed lunch

Signed: ..... (Parent/Carer) Date: .....

Please return this slip to the class teacher.

Trenant Road Leicester LE2 6UA

0116 278 0232 office@samworth.tgacademy.org.uk www.samworth.tgacademy.org.uk



**PARENTAL CONSENT FORM FOR A SCHOOL VISIT**

**Destination:**                      **Year 10 Forensic Science Workshop**

**From - Date/Time:**  
**Friday 8<sup>th</sup> December 9.15am**

**To - Date/Time:**  
**Friday 8<sup>th</sup> December 3.15pm**

I agree to my child ..... taking part in the above visit.

I enclose the £5 towards the trip

**2. Medical Information about your child**

a) Any conditions requiring medical treatment, including medication? YES/NO  
If yes please give brief details:

b) Any special dietary requirements:    YES/NO  
If yes please specify:

**Contact Telephone Numbers**

Home:

Work:

Home Address:

Alternative emergency contact  
Telephone number:  
Name & Address:

Name of family doctor:  
Telephone number:  
Address:

Signed:

Legal Parent/Guardian

Dated:

Full name (capitals):